LONGVIEW POLICE DEPARTMENT

FORGERY CREDIT CARD ABUSE

Have the person who accepted the check or credit card fill out this form. Their name is to be placed in the REPORTEE section, and "SAME" may be placed in the first WITNESS block. If that is not possible, place your name in the REPORTEE section, then fill in all of the required information.

Complete all suspect information on the back of this form. All names are to be filled in LAST NAME, FIRST NAME unless otherwise noted. Handle all checks or documents by the top right corner only.

<u>Incomplete reports will not be accepted or processed.</u> The shaded areas are for Police use only.

Send completed form to:

Longview Police Department Investigative Services Division P.O. Box 1952 Longview, TX 75606-1962

INVESTIGATING OFFICER ID# CA						ASE NUMBER					FORGERY REPORT CREDIT CARD ABUSE REPORT				
VICTIM	STREET ADDRESS WHERE OFFENSE OCCURRED						BUSINESS NAME					COMMITTEE	TIME	COMMITTED	
	NAME OF BUSINESS OR PERSON INCURRING LOSS						STREET ADDRESS						APT.	APT./SUITE	
	CITY STATE			i	RES. PHONE		BUS. PHONE			_	ROSECU INSURAN		NOT PROSECUTE ES ONLY		
ARTICLE	BANK OR CREDIT CARD NAME								ACCOUNT OR CREDIT CARD NUMBER						
ARTI	MISCELLANEOUS DESCRIPTION (SIGNATURE ON CHECK, ETC.)								CHECK NUMBER I			DOLLAR A	DOLLAR AMOUNT		
щ	NAME (LAST	, FIRST, MIC	PDLE)		HOME ADDRESS					APT./SU	JITE CITY				
REPORTEE	STATE RELATIONSHIP TO VICTIM RES. PHO					NE			CAN THE REPORTEE IDENTIFY THE SUSPECT? IS A FORGERY AFFIDAVIT ATTACHED? YES / NO						
Α.	BUS. PHONE EXT. RACE			SEX	DATE OF BIRTH			HAS THE ACCOUNT HOLDER BEEN CONTACTED? YES / NO							
	#1 PERSON	ACCEPTING	G CHECK OR CRE	DIT CARD	HOME A	DDRESS)		Objects And But for the Contemporaries from the Contemporaries and Contemporaries from the Contemporar	APT./SUITE	CITY	STATE			
	RES. PHONE BUS.		BUS. PHONE		RACE	SEX		DATE OF BIRTH	BUSINES	S ADDRESS				ENTIFY SUSPECT? YES / NO	
John Market	#2 ACCOUNT HOLDER'S NAME (AS SHOWN ON CHECK) HOME ADDRESS (AS SHOWN ON CHECK) APT./SUITE CITY ST/											STATE			
TARREST TO A STATE OF THE STATE	#3 CHECK MADE PAYABLE TO (AS SHOWN ON CHECK)														
	#4 OTHER WITNESS NAME HOME ADI						DRESS . AP				CITY			STATE	
A STATE OF THE PERSON NAMED IN	RES. PHONE		BUS, PHONE	IUS, PHONE RAC		SEX D		DATE OF BIRTH	BUSINES	ADDRESS	DRESS		CAN IDENTIFY SUSPECT? YES / NO		

	YEAR MAKE MODEL				BODY STYLE COLOR				LICENSE NO., YEAR, STATE						
Fm									/						
SUSPECT	MICCELLANEOUS DESCRIPTION OF IDENTIFYING MARKS														
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	NAME (LAST, FIRST, MIDDLE				DDRES	SS				APT./SUITE	CITY		STATE		
	RES. PHONE BUS. PHONE RACE			RACE	SEX	DATE OF BIR	TH	AGE	HEIGHT	WEIGHT	HAIR	EY	ES		
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			RELATIONSHIP TO VICT	78.6											
	AUTEST			LIV4		GLASSES?	FACI			EARD & MUSTACHE GOATEE					
	YES NO				YES NO HAIR MUSTACHE BEARD SIDEBURNS										
	SCARS/MARKS/TATOOS				TYPE OF IDENTIFICATION USED (WRITE IN CODE 1 - 6 AND THE IDENTIFICATION NUMBER)										
					1 - DRIVERS LICENSE (PLASTIC) 2 - DRIVERS LIC. (TEMP. PAPER) CODE IDENTIFICATION NO.										
	CLOTHING OR OTHER DESCRIPTION				3 - TEXAS D.P.S. ID CARD 4 - SOCIAL SECURITY CARD										
SUSPECTS					5 - CREDIT CARD 6 - OTHER ID CARD										
SPE	NAME (LAST, FIRST, MIDDLE				ODRES	SS			,,,,	APT./SUITE	CITY		STATE		
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	CLOTHING OR OTHER DESCRIPTION				3 - TEXAS D.P.S. ID CARD 4 - SOCIAL SECURITY CARD										
					5 - CREDIT CARD 6 - OTHER ID CARD										
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